

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/018329

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				61						
2		1		1			62						
3		1		1			63						
4		2		2			64						
5		2		2			65						
6		2		2			66						
7		2		2			67						
8		2		2			68						
9		1		1			69						
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38		1		1			98						
39		1		1			99						
40		1		1			100						
41		1		1			TOTAL						
42		1		1			IND.						
43		1		1			TOTAL						
44		1		1			DEP.						
45		1		1			TOTAL						
46		1		1			CLAIMS						
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